

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3	1						53			
4							54			
5							55			
6	1						56			
7							57			
8							58			
9	1						59			
10		1					60			
11		1					61			
12		1					62			
13							63			
14							64			
15							65			
16	1						66			
17		1					67			
18		1					68			
19		1					69			
20							70			
21							71			
22		1					72			
23							73			
24							74			
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37							87			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total							Total			
Indep							Indep			
Depend							Depend			
Total							Total			
Claims							Claims			

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